

STATE OF CONNECTICUT
DEPARTMENT OF ADMINISTRATIVE SERVICES

APPLICATION FOR USE OF DAS FACILITIES

Please print or type, and send completed application form to: State of Connecticut, DAS Facilities Management, Room G-4, 165 Capitol Avenue, Hartford, CT 06106 or Fax to: (860)713-7262

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|---------------------------------|---------|--------------|------------|
| Facility Wanted: (full address) | Date(s) | From: (time) | To: (time) |
|---------------------------------|---------|--------------|------------|

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|------------------------|------|--------------------|----------|
| Organizational Name: | | Phone #: Fax #: | |
| Address (No. & Street) | Town | State | Zip Code |

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|--|---------------------------|---------------------|-----------------------|
| Purpose of Use: | | | |
| If selling goods/services, has the applicant registered with CSEC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | | | |
| Will admission be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount:\$ _____ | | | |
| Has approval been provided to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide proof of host liquor liability coverage) | | | |
| On-Site Contact Person: | Email Address of Contact: | Phone # of Contact: | Estimated Attendance: |

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| Certification. I have read and understand the Policy, Procedure and Rules Relating to the Use of State Facilities for Non-State Business Purposes and agree to fully comply with all the rules and procedures stated therein. This agreement includes but is not limited to the provisions in Section VII of the Policy, Procedure and Rules, which provide that the State of Connecticut, its officers, employees and agents provide no representations or warranties relating to the use of DAS Facilities, and wherein I agree to release, indemnify and hold harmless the State of Connecticut, its officers, employees and agents for any loss, damage or injury sustained in connection with my use of the Facility. I further certify that, if signing on behalf of an organization, I am duly authorized by the organization to legally bind the organization. If not signing on behalf of an organization, I certify that I understand that I am personally liable for my use of the Facility. | |
| Signature: _____ | Date: _____ |
| Print Name: _____ | Title: _____ |

FOR DAS USE ONLY – APPLICANTS SHOULD NOT WRITE BELOW THIS LINE

| | | | |
|--|--|----------------|--------------|
| DAS Personnel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____ | Uniformed Police or Fire Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify (& notify User): _____ | | |
| Insurance Required? (DAS/SSU to consult Daria Cirish at DAS/SIRMB) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: <input type="checkbox"/> General Commercial Liability? Minimum Amount Required: _____ <input type="checkbox"/> Automobile Insurance? Minimum Amount Required: _____ <input type="checkbox"/> Workers' Compensation? <input type="checkbox"/> Other? Specify: _____ <input type="checkbox"/> If insurance is required, Insurance Certificate(s) showing required coverages and naming "State of Connecticut" or "State of Connecticut, DAS" as additional insured has been received. | | | |
| Insurance Policy #(s): | Name of Insurance Company: | Amount: | Date: |
| Has approval been provided to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, obtain proof of host liquor liability coverage <input type="checkbox"/> Policy #: _____; Name of Insurance Co. _____ | | | |
| Has User been approved to take photographs, video or engage in other marketing/press activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Conditions: _____ | | | |
| FEES | | | |
| Reimbursement for Staff/Personnel: \$ _____ | | | |
| Other Fees Assessed: \$ _____ (Describe: _____) | | | |
| TOTAL AMOUNT DUE: \$ _____ (Advance Payment Required) | | | |
| Payment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ | | | |
| Facilities Use Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditions: _____ Signature (Commissioner or Designee): _____ Date: _____ Name & Title (Print): _____ | | | |